

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044819

1. Entity Name

PROFESSIONAL INTERNATIONAL SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90210 022 ***150.00

Principal Place of Business

Mailing Address

740 CROOKES PALM LANE
 MIAMI LAKES FL 33014

14565 ENGLISH RD
 MIAMI LAKES FL 33014-2717
 US

14565 English Rd.
 Miami Lakes, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0583270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PESTANO ANTONIN~~
~~7401 NW 11 PL~~
~~PLANTATION FL 33319~~

Jorge Palacio
 10300 Sunset Dr.
 Suite - S153
 Miami, FL 33173

Name

Jorge Palacio

Street Address (P.O. Box Number is Not Acceptable)

10300 Sunset Dr.

Suite S-153

City

Miami

FL

Zip Code

33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jorge Palacio

5/1/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ALVAREZ, CARMEN
 STREET ADDRESS 1465 ENGLISH RD
 CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME CURZ, JORGE
 STREET ADDRESS 14565 ENGLISH RD.
 CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)